

*Loving Arms Child Care Center*  
**Registration Form**

Today's Date \_\_\_\_\_

**Child Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Primary 1<sup>st</sup> Call Phone # \_\_\_\_\_

**Parent/Guardian Information**

(1) Parent/Guardian \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Work Address \_\_\_\_\_ Hours of Employment \_\_\_\_\_

(2) Parent/Guardian \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Work Address \_\_\_\_\_ Hours of Employment \_\_\_\_\_

**Other persons authorized to pick up child**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Enrollment Information**

First day of enrollment \_\_\_\_\_ Weekly/Monthly Tuition \_\_\_\_\_

Schedule for your child: (e.g. 8:00-5:15)

Monday	Tuesday	Wednesday	Thursday	Friday

How did you hear about our center? (referred by?) \_\_\_\_\_

- Loving Arms Child Care Center has a registration fee of \$60 per child, which is non-refundable.
- There is a one-time \$175 down payment per child. The down payment is refundable if your child/children are enrolled a minimum of 60 days and withdraw from Loving Arms Child Care Center with a 2 week notice.
- The first week/month of tuition, the registration fee, and the down payment are due upon enrollment.

I understand and will comply with the aforementioned statements in regards to fees.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date